STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G701	A. BUILDING 01 B. WING	08/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	3117 WOODBINE PORTAGE, IN 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/31/12 Facility Number: 003194 Provider Number: 15G701 AIM Number: 200360520 Surveyor: W. Chris Greeney, Life Safety Code Specialist At this Life Safety Code survey, ARC of Northwest Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 5 and had a census of 5 at the time of this survey.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G701	A. BUILDING 01 B. WING	08/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/05/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:			

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	15G701	A. BUILDING 01 B. WING	08/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	3117 WOODBINE PORTAGE, IN 46368

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KS149	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2 Based on observation, record review and interview; the facility failed to follow its smoking policy and provide noncombustible safety type ashtrays in the designated smoking area. This deficient practice could affect all residents, staff and visitors to the home. The findings include: Based on observation during a tour of the home on 08/31/12 at 2:25 p.m. with maintenance staff, a hard plastic ash tray with no lid was sitting on the top of a refrigerator in the garage as you walked through the door from the living area into the attached garage. There were discarded smoking materials and ashes in the ash tray. There was no other safety type receptacle located in the area. Interview with maintenance staff during the tour indicated the garage was where smoking occurred in the facility. Review on 8/31/12 at 12:30 p.m. of the "Residential Smoking Work Instructions" dated 04/13/09 indicated smoking "must occur outside, away from the home."	KS149	To assure compliance, a UL approved smoking container was placed at smoking area at 3117 Woodbine	09/13/2012